## Application Data Sheet

**Application Information** 

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: WNT AS A FACTOR FOR CARDIAC

**MYOGENESIS** 

Attorney Docket Number:: HO-P02767US1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: D.

Family Name:: Schneider

City of Residence:: Houston

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 2234 Albans

City of mailing address:: Houston

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 77005

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Teruya

Family Name:: Nakamura

City of Residence:: Houston

State or Province of Residence:: TX

Country of Residence:: US

Street of mailing address:: 2990 Bissonnet #9302

City of mailing address:: Houston

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 77005

**Correspondence Information** 

Correspondence Customer Number:: 26271

**Representative Information** 

Representative Customer Number:: 26271

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	An application claiming the benefit under 35 USC 119(e)	60/464,292	04/21/03

## **Assignee Information**

Assignee name:: BAYLOR COLLEGE OF MEDICINE

Street of mailing address:: One Baylor Plaza, BCM-D 600D

City of mailing address:: Houston

State or Province of mailing address:: TX

Postal or Zip Code of mailing address:: 77030

Page # 2 Initial 10/06/04